

Application for Additional Dealer Plates

Commonwealth of Massachusetts
Registry of Motor Vehicles
PO Box 55897
Boston, MA 02205-5897
Section Five Department
857-368-8030 (phone)
857-368-0823 (fax)

Corporation / Business Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Business Phone Number: _____

Dealer Type: _____ Registration Number: _____

Number of Plates Requested: _____

Reason for Request: _____

Current Number of Employees: _____

Name of Employees w/ Driver License Number (if additional space is needed, please attach a separate sheet). _____

Total Number of Vehicles Sold in the Last 12 Months: _____

I affirm that all statements are true to the best of my knowledge and belief.

Authorizing Signature: _____ Date: _____

Print Name: _____ Title: _____

**False statements are punishable by fine, imprisonment, or both.
(General Laws Ch. 90, Sec. 24)**

RMV USE ONLY

Clerk Initials: _____ Date: _____